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PTO/SB/17 (01-06)(modified)  
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/525,834
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 25, 2006
TOTAL AMOUNT OF PAYMENT (\$) <b>130.00</b>		First Named Inventor	Katsuaki Suzuki
		Examiner Name	Unknown
		Art Unit	Unknown
		Attorney Docket No.	YH0019-US1

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: **18-0560**      Deposit Account Name: **Tyco Electronics Corporation**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____ = _____	_____

**4. Other Fee(s)**

	Fees Paid (\$)
Extension fee No Extension Fee	N/A
Other: <b>Late filing of Declaration</b>	<b>130.00</b>

**SUBMITTED BY**

Signature	<i>Marguerite E. Gerstner</i>	Registration No. (Attorney/Agent)	32,695	Telephone	650-361-2483
Name (Print/Type)	Marguerite E. Gerstner			Date	March 27, 2006

14/10/2006 MKAYPAGH 00000115 180560 10525834

**11 FC:1617 130.00 DA**      Certificate of Mailing (37 CFR 1.8)

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Adjustment date: **06/19/2006**      CASHING

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